

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013
 Fill in circle if amendment ☐
 Report Period: ☒ January/June ☐ July/December
 Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both
 Client Filing Fee Check Number: 5/2164846-2

FOR OFFICE USE ONLY

Cjn
HAND DELIVERED
132046 RECEIVED JUL 5 2013
VI: CAP
CL#512164846 \$ 50.-

II Client Information

Name: Industry Ad Hoc Committee on Pilotage
 Permanent Business Address: 1730 Rhode Island Avenue Suite 702
 City: Washington State: DC ZIP code: 20036
 Business Phone: 202-775-4339 Fax Number:
 Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated
 Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both
 Name: Lawrence P. Justice Phone Number: 518-368-7539
 Address: 111 Washington Ave Suite 206
 City: Albany State: NY ZIP code: 12210
 Compensation for current period: \$ 25,000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
 Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
 Name: Phone Number:
 Address: State: ZIP code:
 City: State: ZIP code:
 Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
 Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
 Name: Phone Number:
 Address: State: ZIP code:
 City: State: ZIP code:
 Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION 25,000

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

C Itemize each expense exceeding \$75:

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$ 0 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.
A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Hoeg Autoliners, Inc.

Entity's or Person's Address: 500 N Broadway, Ste 233, Jericho, NY 11753

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 01 / 02 / 2013 Amount of Contribution: \$ 5000 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Phillips 66 Company

Entity's or Person's Address: 1776 I Street NW #700, Washington, DC 20006

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 01 / 02 / 2013 Amount of Contribution: \$ 5000 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Stolt Niesen USA Inc.

Entity's or Person's Address: 800 Connecticut Avenue, Norwalk, CT 068

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 01 / 02 / 2013 Amount of Contribution: \$ 5000 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Atlantic Container Line AB

Entity's or Person's Address: 50 Cardinal Drive, Westfield, NY 07090

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 01 / 02 / 2013 Amount of Contribution: \$ 5000 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☒

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #** _____

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Maersk, Inc.

Entity's or Person's Address: 9300 Arrowpoint Blve., Charlotte, NC 28273

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	02	/02	/2013	Amount of Contribution: \$	5000	.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00

Single Source # _____

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/		Amount of Contribution: \$.00

VI Subjects lobbied:

None

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

None

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

None

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: July 12, 2013

PRINT NAME: LAST Cox

FIRST Joseph

TITLE:

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.